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Bib Data Sheet

CONFIRMATION NO. 3519

SERIAL NUMBER 09/669,312	FILING DATE 01/12/2001 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 24149-10
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## \*\* CONTINUING DATA \*\*\*\*\*

*SK*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*SK*IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 11/07/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 4	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>SK</i>	Initials			

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## TITLE

Ultrasonic method and device for wound treatment

FILING FEE RECEIVED 390	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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